

CITY OF BLOOMINGTON UTILITIES

APPLICATION REQUEST FOR NEW WATER / SEWER CONNECTION

FOR COMMERCIAL, MULTIPLE DWELLING RESIDENTIAL,
BUSINESS, AND INDUSTRIAL SERVICES

Building Permit #:

Is property for which service is being requested located
within the City of Bloomington corporate limits?

Yes _____ No _____

If no, a notarized "Waiver of Protest of Annexation" must be completed, and the property deed submitted.

Date Waiver received: _____

Date Service is desired: _____

Water ☐ Sewer ☐ Fire Line ☐ Lawn Sprinkler ☐
Residential ☐ Commercial ☐ Industrial ☐

PROPERTY INFORMATION:

Address: _____

Subdivision: _____ Lot #: _____

OWNER:

Name: _____ Telephone #: _____

Address: _____

CONTRACTOR REGISTRATION #: _____

Name: _____ Telephone #: _____

Address: _____

ATTACHED IS A PROPOSED UTILITY SITE PLAN:

YES ☐ NO ☐

WILL THERE BE ANYTHING OTHER THAN HUMAN WASTE
DISCHARGED TO THE SANITARY SEWER AT THIS ADDRESS?

YES ☐ NO ☐

IF YES, THEN COMPLETE INDUSTRIAL PRETREATMENT FORM:

Questionnaire ☐ Application ☐

DATE: _____ APPLICANT'S SIGNATURE: _____

FIRE LINE:

LETTER FROM DESIGNER, IN SAMPLE LETTER FORMAT, IS ATTACHED YES ☐ NO ☐

SITE PLAN IS ATTACHED SHOWING FIRE LINE YES ☐ NO ☐

DESCRIBED POINT OF CONNECTION TO CBU SYSTEM: _____

FIRE LINE SIZE _____ INCHES

FIRE LINE LENGTH _____ FEET

FLOW DEMAND @ BASE OF RISER _____ GPM

MIN. PRES. REQUIRED @ BASE OF RISER _____ PSI

LINE LOSSES FROM HYDRANT TO CONNECTION _____ PSI

CONNECTION TO BASE OF RISER _____ PSI

TYPE OF SYSTEM: WET ☐ DRY ☐ BOTH ☐

BOOSTER PUMP IS REQUIRED: ☐ THROTTLING DEVICE FOR SHUT DOWN @ 10 PSI: ☐

BACK FLOW PREVENTION IS REQUIRED: ☐ TYPE OF BACK FLOW PREVENTION TO BE USED: _____

PROPOSED LOCATION OF BACK FLOW PREVENTER: _____

PROPOSED LOCATION FOR DETECTOR CHECK: _____ AS PER PLAN ☐

DOMESTIC DEMAND

COUNT OF WATER FIXTURES:

_____ Bathtubs	_____ Dishwashers, Commercial	_____ Kitchen Sinks	_____ Urinals, Pedestal
_____ Bar Sinks	_____ Disposal, Commercial Spray	_____ Kitchen Bay Sinks, (# of Bays, Commercial)	_____ Urinals, Wall
_____ Bidets	_____ Drinking Fountains	_____ Lavatories	_____ Urinals, Tank
_____ Clothes Washers	_____ Hose Bibs	_____ Laundry Tubs	_____ Wash Sinks
_____ Cuspidors	_____ Ice Makers	_____ Shower Heads	_____ Water Closets, Flushometer
_____ Dishwashers	_____ Ice Machines, Commercial	_____ Service Sinks	_____ Water Closets, Tank

CONTINUOUS DEMAND: _____ CONSTANT WATER DEMAND NEEDED _____ GPM

*******FOR UTILITIES ENGINEERING USE BELOW THIS LINE*******

DATE SENT TO ENGINEERING: _____ QUARTER SECTION THAT SERVICE WILL BE IN: _____

EXISTING PRESSURE AT HYDRANT(S) NEAREST TO THE MAIN:

TEST DATE	HYDRANT # @ ELEVATION		STATIC	HGL	RESIDUAL	HGL	Q. FLOW	
		FT	PSI	FT	PSI	FT	@	GPM
		FT	PSI	FT	PSI	FT	@	GPM
POINT OF CONNECTION		ELEVATION	MIN. STATIC	MIN. HGL				
		FT	PSI	FT				

RECOMMENDED DOMESTIC WATER SERVICE SIZE:

SERVICE LINE:

LENGTH OF LINE, CBU MAIN TO METER _____ FT. SIZE OF LINE MAIN TO METER _____ IN.

SIZE OF METER SETUP THRU METER PIT _____ FT. SIZE OF METER _____ IN.

DETECTOR CHECK METER SIZE _____ IN.

METER PIT:

TYPE OF PIT: CONSTRUCTED IN PLACE (PER CBU SPECIFICATIONS) ☐ STANDARD PIT ☐

LOCATION OF PIT: _____

RECOMMENDED SEWER LATERAL:

4 INCH ☐ 6 INCH ☐ 8 INCH ☐

SEWER LATERAL RIGHT / LEFT @ _____ FT FROM MANOLE # _____ NEEDS SEWER TAP ☐

INSPECTION OF MAINS:

CBU APPROVAL:

COMPLETE ☐ INCOMPLETE ☐ DATE COMPLETE _____

PRETREATMENT FORM(S): QUESTIONNAIRE ☐ APPLICATION PERMIT ☐ DATE RETURNED _____

APPROVED ☐ RECOMMENDATIONS OR CONDITIONS OF APPROVAL: _____

REJECTED ☐ REASON FOR REJECTION: _____

DATE: _____

REVIEWED BY: _____

UTILITY ENGINEER OR ASSISTANT



CITY OF BLOOMINGTON
UTILITIES CONTRACT FOR SERVICE

Residential _____

Non-Residential _____

Type of Service: Both _____ Water Only _____ Wastewater Only _____ Start Date: _____ / _____ / _____

Account Name (Print): _____ Telephone: _____

Service Address: _____

Mailing Address: _____

Name of property owner (if other than yourself): _____ Telephone: _____

In the event of an emergency concerning your service, please provide us with a contact person:

Name: _____ Telephone: _____

I hereby contract with City of Bloomington Utilities (CBU) for service at the above address and agree to pay CBU for such service in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, Standards of Service and applicable Indiana law, governing the use of water and wastewater, now in force or which may hereafter be adopted.

Employer's Name: _____ Employer's Phone: _____

Signature: _____ Social Security Number (Optional): _____

Printed Name: _____ Date of Birth: _____ / _____ / _____ Today's Date: _____ / _____ / _____

If signing for a business, please provide us with your business title: _____

Is this property located within the City of Bloomington city limits? Yes No

If no, a notarized "Waiver of Protest of Annexation" must be completed.

If you have recently completed this document, indicate date submitted: ____ / ____ / ____

For Office Use Only: Received by: _____ Verified by: _____

Service Address: _____ Apt, Trlr, Lot: _____

Account #: _____ Entered in SSI: _____

Customer Class: _____ Location: I/O

Meter Location: _____

Meter Serial #: _____ Meter Size: _____

Meter Reading: _____ Date of Reading: ____ / ____ / ____ Time of Reading: _____ am/pm

Comments: _____ Service Person: _____